

## Memo

**Date:** Dec. 4, 2025

**To:** Nursing Home Workforce Standards Board

**From:** Leah Solo, executive director

### RE: Fall outreach 2025

In the Nursing Home Workforce Standards Board (NHWB Act), the board is tasked with collecting testimony from nursing home workers, worker organizations, employers and employer organizations. This fall, between calls to administrators and hosting public forums, the board did a significant amount of public engagement to continue to meet this requirement. Below is an overview of the numbers of that engagement and the content of discussion, along with some questions to guide discussion as a board about next steps.

#### By the numbers

The board had five public forums in October and November 2025. Here are some figures about attendance and participation at the forums.

*Table 1: 2025 public forums*

| Forum                  | Sign ups   | Attended   | Speakers  | Worker speakers | Employer speakers | Others   |
|------------------------|------------|------------|-----------|-----------------|-------------------|----------|
| Detroit Lakes, Oct. 28 | 10         | 10         | 5         | 1               | 4                 |          |
| Windom, Oct. 30        | 12         | 16         | 8         | 1               | 5                 | 2        |
| Albert Lea, Nov. 6     | 16         | 20         | 6         | 0               | 4                 | 2        |
| St. Cloud, Nov. 18     | 13         | 22         | 12        | 8               | 4                 |          |
| St. Paul, Nov. 20      | 60         | Approx. 70 | 27        | 23              | 1                 | 3        |
| <b>Totals</b>          | <b>111</b> | <b>138</b> | <b>58</b> | <b>33</b>       | <b>18</b>         | <b>7</b> |

Additionally, after consultation with the board, Executive Director Leah Solo called nursing home administrators to offer information about current and coming standards in effect, certified worker organizations and employee training requirements, procedures for seeking a waiver or variance from the standards, and to provide an additional avenue for feedback outside of the public forums or a public board meeting. Those conversations by the numbers were as follows.

Table 2: Nursing home administrator calls

| Calls | Conversation | Voicemail and email or email only | Message acknowledged | Follow up conversation |
|-------|--------------|-----------------------------------|----------------------|------------------------|
| 295   | 46           | 219                               | 24                   | 6                      |

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In both the forums and the calls to nursing home administrators, the employers delivered messages of a desire to pay their employees more, but concerns about the cost of wage compression from the minimum-wage standards and concerns with the new caps on increases in their reimbursement rates going into effect next year. Other concerns cited included whether a waiver would be useful in a competitive labor market, specific challenges for rural nursing homes and noting the specific role rural nursing homes play in their communities, decreasing nursing home beds as options such as assisted living facilities increase, and retention of staff members. The forums and the calls were also an avenue to provide education about the board's work and the resources available to nursing home workers and employers.

The calls to nursing home administrators created opportunities for further public engagement, because nursing home administrators were given personalized information about coming public forums, which drove interest and attendance up for the forums.

Ideas for consideration from employers included lower wages for rural facilities, people under 22, people in training or people in a STEP program, as well as higher wages for registered nurses.

Workers had a variety of concerns that were shared with the board. Workload and retention were often cited. Additionally, pensions and the high cost of health care were noted concerns, as well as gratitude for higher wages.

## Considerations

After this public engagement, some questions for the board to consider are as follows.

## Attendees

- The first three forums only included two workers. Do we need to find methods to reach more workers?
- Is the diversity in our forums reflecting the diversity of the workforce and employers?
- Did the board get a representative sample of employers?

## Reactions to the content

- What did board members think of the points brought by attendees of the forums?
- In advance of the forums, the board published some questions about which it was specifically seeking feedback. However, at the forums, very few comments were responsive to these questions. Are there other ways to help nursing home workers, employers and the public give the feedback the board finds most critical?

## Structure

- Is the structure of engagement working?
- What do we like about this structure? What do we wish was different?
- Is this structure meeting our responsibilities to gather testimony pursuant to Minnesota Statutes 181.213, subdivision 2(b)(4)?
- How would the board like to respond, if at all, to some of the questions raised at the forums?

## Additional opinions shared

Below is a sampling of additional comments received. The email messages have been lightly edited for clarity and to remove identifying information.

### Email A – response to L. Solo follow-up email message to nursing home administrator

Hi Leah,

Thank you for the message today. I am intrigued by what the forums will bring in terms of attendance and feedback around this important topic. Our staff are very excited about the new minimum wages (at least those who are currently under the minimums) and our HR compensation team is currently working through all of the plans for the upcoming change.

The things on my mind, as a very tenured Administrator in health care of over 25 years, are:

1. We don't have a way to pay for the increased costs. While there is some relief in the rate increase process for 1/1/2026 and 1/1/2027 – that process does not account for the increased cost for equity adjustments which is necessary to avoid significant compression issues.
2. Because the equity adjustment isn't funded, employers like my facility are having to make difficult decisions about shortening our pay scales, which means that employees who are more experienced and/or have tenure may receive no increase or a small % increase, whereas a high school student with no experience will get a \$4/hour increase, C.N.A. of 5-7 years (these are the staff we need to keep as they are a career C.N.A., not a high school or college student), may only get a few %, again, because we do not have funds to adjust accordingly.
3. CWO/mandatory training – I think all providers are waiting to understand how this is going to be accomplished with the requirements to be eligible to do the training and the limited number of organizations currently signed up to do this. I would love to see an online type training that is approved by the board, that could be pushed out through the LMS platforms that health care organizations use (Such as Educare) – the same as any other required training under federal and state law.
4. No additional funding for holiday costs until it catches up in the cost report in 27 months – and then for my facility, that is about 75% of the cost (due to the % of census that is not tied to the state rate system). We already had 8 holidays – all of which were fully funded for PTO – for our staff, and while they appreciate the 1.5x on the other days (Columbus, Veteran's Day, etc.) it isn't of significant importance to their work experience or recruitment/retention of staff.
5. I believe the board should address the "contractor" language for holiday pay. For example, our clinic has to pay holiday pay to a Nurse Practitioner who comes into the SNF on the state holidays where the clinic

is open; I'm not sure that the intent of the law was to require clinics to follow it, but the rule doesn't specifically exclude them, so our organization has decided to include them.

6. I do wonder if facilities will need to reduce staffing hours per resident day in order to create savings to pay for the costs that are not captured into the rate system – and to me – that seems like it will negatively impact the employee working conditions and the resident's living experience. (I tend to worry about things, and this is a big worry for me and our long-term care facilities in MN).

I look forward to seeing you next week!

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### **Email B – response to L. Solo follow-up email message to nursing home administrator**

Hi Leah, I do have three points and I so appreciate you wanting to hear our perspectives!

1. We directly employ 12 parttime people that came to us through our local STEP program. Although they are fully our employees, STEP provides job coaches for them, and they have been able to work about 20-25 hours a week at \$14 an hour without having any issues with their county benefits. These employees love their jobs, but now some will have to reduce their hours, so they do not exceed income guidelines. Finding people to fill these open hours will be difficult.

2. Our LPNs are at \$30 an hour and most our TMAs and CNAs were very close to the Board's requirements, but \$19 for everyone else has been problematic. Our assistant cook, who has learned all the new diet consistencies required and manages those beautifully, was just given a raise to \$21 and was elated, until the dishwasher (after school students on some shifts) announced he would be making \$19.

Our maintenance men each have very specific tasks with some steep learning curves, they also are \$20-\$22, but now the \$19 for custodial staff has eliminated the advantage for all the training they have done. So, I must stretch the whole scale to maintain fairness.

3. The board has set starting wages at \$19, with higher requirements for CNAs, TMAs, and LPNs, and has designated that we give 11 Holidays that we pay at time and a half. How possibly can this information that can be summarized on one line require an hour of outside training. The MN Family leave act is more complicated and requires no outside training.

Long term care is remarkably difficult work shrouded in complex regulations, and we have all worked tirelessly with legislators every year for decades to assure our reimbursement included sufficient dollars to pay our staff well. I see the union announcements now taking credit for these present increases with the implication that we all have cash that we are hoarding and not paying our staff. But in truth, this year is no different than any year. The legislature had to find money in the state budget to add to our reimbursement rates so that we can cover the increased costs of these Workforce Board wage requirements.

All of this being said, again, thank you for opening the door to hear our differing thoughts and perhaps sharp opinions.

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## Email C – email message sent following public forum

Good Morning,

I was at the forum last evening and on my way home I was thinking about some of the comments and just wanted to send in this thought.

Our facility is located in a small community, and we employ several high school students who are under the age of 18. We have a wonderful partnership with our local school district and also another partnership with another school district that is just down the road from us. These students play a valuable role in providing care to our residents. They are able to work on the floor as a nursing assistant, but they cannot use a mechanical lift, they are not able to do the same job as those over 18. We will be required to pay them the same CNA wage as those who can. I would like to suggest this be considered by the Board to allow us some wage flexibility while CNAs are under the age of 18.

Thank you for your consideration,

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## Email D – email message sent providing feedback about minimum-wage standards

Good afternoon. I'm not sure who the feedback for the upcoming Nursing Home minimum wage increases is supposed to go to, so I hope this can find its way to the right people.

I am the Dietary Director for [a health care campus including a skilled nursing facility]. I have been a part of the campus here for just over 3 years, having worked in the restaurant industry for over 30 years. My team and I proudly provide meals for upwards of 150 Residents a day between buildings and programs.

I am reaching out to let you know my perspective on the impact of the minimum wage increases starting in 2026. I wholeheartedly agree that wages should not only reflect the type of work, but the level of responsibility that goes along with it. Working in care facilities is hard work both physically and mentally. Maybe even more so are the effects of losing Residents and trying to balance mental wellbeing. It's supremely rewarding work in spite of the challenges. We ask a lot from our staff, but I am the first person in line to ask they are compensated fairly.

In regards to the minimum wage increase for Dietary staff, I think the intent is great, but has unintended consequences. The majority of my Dietary Aide staff is very young, 15-17 years old. For most this is their very first paid job. We literally have to teach them *how to work*; punctuality, work ethic, getting along with others, sense of urgency, time management, etc. This position is temporary for some, and a stepping stone for further medical related jobs for others. The increased wage will be greatly appreciated by all of the Dietary Aides, no question. But as far as hiring and retention goes, I'm not sure how great the impact will be.

Where this change will impact (unfortunately negatively) Dietary is within the Cook/Chef staff. The law fails to realize the absolutely bonkers gap in skill set and responsibility between a 15 year old Dietary Aide, and the expectations in 2025 for Skilled Nursing Culinary staff in MN. Culinary staff are now responsible for the IDDSI Diet framework (expanding to 5 texture levels), increasing specialized/therapeutic diets (CCHO, 2gr+, NAS, Renal, etc), an explosion in Allergy concerns, and frankly the quality expectations of our Resident communities. Culinary staff is not only responsible for themselves, but most buildings they are the de facto

managers/supervisors evenings, weekends, and holidays. The roles of Dietary Aide and Cook/Chef are vastly different. To group them together with the same minimum pay seems to be a lack of understanding of the responsibility and technical skill required to fulfill these roles.

The concern would be that raising the wage to \$19 minimum for Aides would put their pay at a similar level (close) to many culinary staff. Without raising the cooks wages accordingly, we are effectively devaluing pay rates for them. All Dietary staff are not the same. To treat them as such will have a negative impact on what should be a positive change. The state recognizes differences between CNAs, LPNs, and RNs. How is it that the roles within Dietary are not recognized the same way?

If the goal of this law is job retention and whetting the appetite of job seekers to try their hand at Nursing Homes, the law is only half done. My belief is that there would have to be a different (higher) threshold for minimum wages for cook staff. Indeed, if you want great staff, you would at least have to set wage floor at what lead line cooks are making across the state. The law as written will weirdly benefit those who would be working anyway at current rates, while alienating those who I believe are paid below market rates for their services.

You can tell how well a Nursing Home runs overall by the quality of their meal service. Quality meal service requires committed and skilled staff. My hope is that we can acknowledge the effort from cook staff and treat their skill set as something separate and unique from a generic "Dietary" grouping.

Thank you for your time. I would be happy to discuss further or participate in upcoming discussions.

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### **Statement A – testimony presented orally in St. Cloud and subsequently submitted in writing**

The NHWSB has achieved standardized minimum wage increases for nursing home workers. This is a huge win, not only for employees, but their families, and the residents that they care for. In my facility specifically, staff can expect to see a 13-27% wage increase on January 1<sup>st</sup>. Increased wages in these roles will attract new staff to these positions, as well as help to retain them, promoting consistency our Minnesota seniors desperately need in their care. With what has already been achieved, we should expand the roles covered under this minimum nursing home wage to include RNs. Nursing homes, historically, have been one of the lowest paid sectors within nursing, which has deterred otherwise compassionate and competent nurses from these roles. According to Minnesota Occupational Employment and competent nurses from these roles. According to Minnesota Occupational Employment and Wage Statistics, the average wage for RNs in Minnesota, accounting for differences in region and specialty, is \$45.05. For RNs in the nursing home setting, wages can be as low as \$33/hour, or lower. A minimum, standardized RN minimum wage that reflects the training, certification, and responsibilities the role entails will allow this sector to remain competitive, as well as encourage increased funding for nursing homes at the state level to accommodate these increases.

Continued standardized regulation that the NHWSB should pursue for our Minnesota nursing home workers should also include affordable health insurance and secure retirement plans. Wage increases are only part of what our nursing home workers want and need. Increasing health care and insurance costs are a poignant issue for our workers. Those employed at state and county owned facilities may receive free individual health insurance, but this is not the case at all facilities, and family premiums remain at unsustainable rates for those families, averaging \$27,000 annually in Minnesota. State/county owned facilities also offer the PERA retirement

plan, but providing a secure retirement plan is not a requirement in our state. Beginning in January, the Minnesota Secure Choice Retirement Program will be launched, thus creating this requirement. However, this plan does not include employer contributions, and is essentially the same as the employee opening their own IRA. Including required employer contributions in health insurance and retirement plans would help build security for nursing home workers, especially those that dedicate their career to the nursing home setting throughout their lifetime.

Promoting work-life balance for our nursing home workers is essential to efficient, safe care for our seniors. Mandating has been a pervasive issue throughout healthcare that jeopardizes this balance. Per 2023 Minnesota Statute Section 181.275, hospital setting are, “prohibited from taking action against a nurse solely on the grounds that the nurse fails to accept an assignment of additional consecutive hours because doing so may, in the nurse’s judgement, jeopardize patient safety.” This statute specifically covers registered nurses. A similar statute for the nursing home setting would be beneficial to prevent further burn out for workers, and improve resident outcomes based on improved staff performance. Expanding the statute to include other nursing home workers, such as LPNs, CNAs, and all other disciplines facing being mandated past the end of their scheduled shift, would provide a comprehensive solution for overworked staff. Holding administration accountable in these situations to provide coverage would be an overarching goal in this situation. With continual oversight and advocacy, standards for Minnesota nursing home workers can continue to improve. Thank you for taking the time to listen to these important topics.